

# Hazard Assessment Checklist

Use with WAC 296-800-160 Personal Protective Equipment (PPE)

This checklist can help you do a hazard assessment to see if employees need to use personal protective equipment (PPE). You can make copies or develop a form that is appropriate to your workplace.

Some work activities are more hazardous than others. This list can help identify those activities that may create hazards for your employees. Read through the list, putting a check next to any word that describes an activity in your workplace. We've grouped the activities according to what part of the body might need PPE.

## Eyes

### Work activities:

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> sawing                | <input type="checkbox"/> cutting     | <input type="checkbox"/> drilling               |
| <input type="checkbox"/> sanding               | <input type="checkbox"/> grinding    | <input type="checkbox"/> punch press operations |
| <input type="checkbox"/> chopping              | <input type="checkbox"/> hammering   | <input type="checkbox"/> abrasive blasting      |
| <input type="checkbox"/> intense light/welding | <input type="checkbox"/> other _____ |   |

### Work related exposure to:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> airborne dust              | <input type="checkbox"/> flying particles | <input type="checkbox"/> blood splashes |
| <input type="checkbox"/> hazardous liquid chemicals | <input type="checkbox"/> other _____      |   |

## Face

### Work activities:

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> pouring  | <input type="checkbox"/> mixing               | <input type="checkbox"/> painting            |
| <input type="checkbox"/> cleaning | <input type="checkbox"/> siphoning            | <input type="checkbox"/> dip tank operations |
| <input type="checkbox"/> welding  | <input type="checkbox"/> pouring molten metal | <input type="checkbox"/> foundry work        |
| <input type="checkbox"/> cooking  | <input type="checkbox"/> other _____          |  |

### Work related exposure to:

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> extreme heat               | <input type="checkbox"/> cold        | <input type="checkbox"/> potential irritants |
| <input type="checkbox"/> hazardous liquid chemicals | <input type="checkbox"/> other _____ |  |

## Head

### Work activities:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> construction          | <input type="checkbox"/> utility work              | <input type="checkbox"/> use of catwalks   |
| <input type="checkbox"/> building maintenance  | <input type="checkbox"/> use of crane loads        | <input type="checkbox"/> electrical wiring |
| <input type="checkbox"/> use of conveyor belts | <input type="checkbox"/> confined space operations | <input type="checkbox"/> other _____       |

### Work related exposure to:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> falling objects | <input type="checkbox"/> beams                                   | <input type="checkbox"/> machine parts |
| <input type="checkbox"/> pipes           | <input type="checkbox"/> exposed electrical wiring or components |  |
| <input type="checkbox"/> other _____     |  |  |

## Feet

### Work activities:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> construction                      | <input type="checkbox"/> plumbing        | <input type="checkbox"/> foundry work |
| <input type="checkbox"/> building maintenance              | <input type="checkbox"/> trenching       | <input type="checkbox"/> demolition   |
| <input type="checkbox"/> use of highly flammable materials | <input type="checkbox"/> welding         |                                       |
| <input type="checkbox"/> logging                           | <input type="checkbox"/> food processing | <input type="checkbox"/> other _____  |

### Work related exposure to:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> tools                 | <input type="checkbox"/> heavy equipment | <input type="checkbox"/> exposed electrical wiring or components |
| <input type="checkbox"/> slippery surfaces     | <input type="checkbox"/> explosives      |  |
| <input type="checkbox"/> explosive atmospheres | <input type="checkbox"/> other _____     |  |

## Hands

### Work activities such as:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> grinding          | <input type="checkbox"/> sawing                          | <input type="checkbox"/> use of computers |
| <input type="checkbox"/> hammering         | <input type="checkbox"/> working with glass              | <input type="checkbox"/> use of knives    |
| <input type="checkbox"/> material handling | <input type="checkbox"/> welding                         | <input type="checkbox"/> baking           |
| <input type="checkbox"/> cooking           | <input type="checkbox"/> dental and health care services |   |
| <input type="checkbox"/> sanding           | <input type="checkbox"/> other _____                     |   |

### Work related exposure to:

- |   |                                |                                      |
|---|--------------------------------|--------------------------------------|
| <input type="checkbox"/> tools or materials that could scrape, bruise, or cut |                                |                                      |
| <input type="checkbox"/> irritating chemicals                                 | <input type="checkbox"/> blood | <input type="checkbox"/> other _____ |

## Inhalation

### Work activities such as:

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> pouring                          | <input type="checkbox"/> mixing      | <input type="checkbox"/> painting                |
| <input type="checkbox"/> cleaning                         | <input type="checkbox"/> sawing      | <input type="checkbox"/> fiberglass installation |
| <input type="checkbox"/> compressed air or gas operations | <input type="checkbox"/> other _____ |  |

### Work related exposure to:

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> irritating dust | <input type="checkbox"/> extreme heat/cold | <input type="checkbox"/> other _____ |
|--|--|--------------------------------------|

## Hearing

Work activities such as:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> machining           | <input type="checkbox"/> grinding               | <input type="checkbox"/> sawing           |
| <input type="checkbox"/> sanding             | <input type="checkbox"/> use of conveyors       | <input type="checkbox"/> motors           |
| <input type="checkbox"/> pneumatic equipment | <input type="checkbox"/> generators             | <input type="checkbox"/> ventilation fans |
| <input type="checkbox"/> routers             | <input type="checkbox"/> punch or brake presses |   |
| <input type="checkbox"/> other _____         |   |   |

Work related exposure to:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> noisy machines/tools | <input type="checkbox"/> loud work environment | <input type="checkbox"/> punch or brake presses |
| <input type="checkbox"/> loud noises          | <input type="checkbox"/> other _____           |   |

## General hazards

Work activities such as:

- |                                       |                                      |   |
|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> utility work | <input type="checkbox"/> logging     | <input type="checkbox"/> building maintenance |
| <input type="checkbox"/> construction | <input type="checkbox"/> other _____ |   |

Work related exposure to:

- |  |   |
|--|---|
| <input type="checkbox"/> working from heights of 10 feet or more | <input type="checkbox"/> working near water |
| <input type="checkbox"/> other _____                             |   |

## Skin

Work activities such as:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> battery charging    | <input type="checkbox"/> sawing               | <input type="checkbox"/> fiberglass installation |
| <input type="checkbox"/> dip tank operations | <input type="checkbox"/> irritating chemicals | <input type="checkbox"/> baking or frying        |

Work related exposure to:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> sharp or rough edges | <input type="checkbox"/> chemical splashes | <input type="checkbox"/> extreme heat/cold |
|---|--|--|

**Your name:** \_\_\_\_\_

**Name of your workplace:** \_\_\_\_\_

**Workplace address:** \_\_\_\_\_

**Dates of Hazard Assessment for PPE:** \_\_\_\_\_